

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004852

1. Entity Name

THE JOE LOGSDON AIDS FOUNDATION, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90031 030 ****61.25

Principal Place of Business

Mailing Address

2496 KIRKWOOD AVE.
NAPLES FL 34112
US

2496 KIRKWOOD AVE.
NAPLES FL 34112-4756
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1486087

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVE TURNER
20640 COUNTRY CREEK DR.
#1013
ESTERO FL 33928

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Steve Turner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-9-00

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME LOGSDON, CHERYLANN
STREET ADDRESS 900 NINETEENTH STREET NO 3055 Round Table Ct
CITY-ST-ZIP NAPLES FL 34102-34104

TITLE ☐ Change ☒ Addition
NAME Jim Siesky
STREET ADDRESS 141 Caribbean Rd.
CITY-ST-ZIP Naples, FL 34108

TITLE ☒ Delete
NAME TURNER, STEPHEN
STREET ADDRESS 20640 COUNTRY CREEK DR. #1013
CITY-ST-ZIP ESTERO FL 33928

TITLE ☐ Change ☒ Addition
NAME Carol Barker
STREET ADDRESS 4332 20th Pl SW
CITY-ST-ZIP NAPLES, FL 34116

TITLE ☒ Delete
NAME ROSS, SHERYL
STREET ADDRESS 26990 LOST WOOD CIR
CITY-ST-ZIP BONITA SPRINGS FL 34109

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CONLEY, PAT
STREET ADDRESS 331 ERIE DR.
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME LAWS, MICHAEL
STREET ADDRESS 1233 12TH AVE. N
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME CARR, BETH
STREET ADDRESS 832 BELVILLE BLVD.
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:

Steve Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/00 (941) 457-9911

CR2E037 (9/99)